

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3016 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For EPA Use Only)

JUL 11 1999

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

IAR00000073110

II. Name of Installation (Include company and specific site name)

NULEX, INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2717 PORT WEAIR CIRCLE

Street (Continued)

City or Town

SERGEANT BLUFF

State

Zip Code

IA 51054-

County Code

County Name

WOODBURY

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

Same

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

RICHARDSON

(First)

LYNN

Job Title

HSE MANAGER

Phone Number (Area Code and Number)

712-943-3983

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing

☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

NULEX, INC.

Street, P.O. Box, or Route Number

1919 GRAND AVENUE

City or Town

SIoux CITY

State

Zip Code

IA 51106-

Phone Number (Area Code and Number)

712-279-2011

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

☒

No

(Date Changed)

Month

Day

Year

RCRIS data entered

by SCOP Nowce
on 7/13/99

R00145835

RCRA RECORDS CENTER

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

| A. Hazardous Waste Activity | | B. Used Oil Recycling Activities |
|---|--|---|
| 1. Generator (See Instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) | 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions. 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control | 1. Used Oil Recycling Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine |
| Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ | | |

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. Toxicity Characteristic | (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) |
|-------------------------------------|--------------------------|--------------------------|----------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

| 1 | 2 | 3 | 4 | 5 | 6 |
|---------|---------|---------|---------|---------|---------|
| D 0 3 9 | D 0 0 8 | D 0 1 8 | D 0 4 0 | D 0 0 9 | D 0 0 1 |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| | | | | | |

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | |
|---------------------------------|---|------------------------|
| Signature <i>Dirk Lohrey</i> | Name and Official Title (Type or print) DIRK LOHREY PRES | Date Signed 6-30-99 |
|---------------------------------|---|------------------------|

XI. Comments

An Administrative use only ID Number exists for this facility

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

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Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For RSP Use Only)

JUL 11 1999

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

IAR0000007310

II. Name of Installation (Include company and specific site name)

NULEX, INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2717 PORT NEAL CIRCLE

Street (Continued)

City or Town

SERGEANT BLUFF

State

Zip Code

IA 51054-

County Code

County Name

WOODBURY

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

Same

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

RICHARDSON

LYNN

Job Title

Phone Number (Area Code and Number)

HSE MANAGER

712-943-3983

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

NULEX, INC.

Street, P.O. Box, or Route Number

1919 GRAND AVENUE

City or Town

State

Zip Code

SIoux CITY

IA 51106-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)

712-279-2011

P

P

Yes

No

Month

Day

Year

Nutex, Inc.
2717 Port Neal Circle
Sergeant Bluff, Iowa 51054

Fold at line over flap of envelope to
indicate return address.

CERTIFIED

Z 267 867 182

RESP



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66101

U.S. POSTAGE
PAID
SERGEANT BLUFF, IA
51054
JUL 09, 99
AMOUNT

\$3.20
00065955-02

U.S. EPA Region 7

RCRA BRANCH

ATTN: WSTM/RCRA/IOWA

726 Minnesota Avenue

KANSAS City, KANSAS 66101

REC'D

JUL 17 1999

RESP